•	E PL. KLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	3 OF DEATH in plain terms, so that it may be properly classified. Exact statement	
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FOR	S IS A PI	stated]	properly	certificat
THE A WIT	K-THIS	should be	it may be	n back of
NEW KEN	ADING IN	d. AGE	s, so that i	ructions of
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4	MLY, WI	be careful	EATH in p	s very important. See instructions on back of certificate.
1	E PL.	plnods	OFD	s very

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Charles Registration Dist. No. 104 Village or City Shiloh Length of residence in city or town where death occurred vrs mos. ds. How long in U.S. if of foreign birth? vrs, mos, ds. 2. FULL NAME Carrie M. Clark (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) B 5e. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 19 37 to 10/19 10/18 I last saw h er alive on 10/18/37 19 death is said 0ct. 15, 1869 6. DATE OF BIRTH (month, day, and year) Years Months to have occurred on the dete stated above. at 9 A Davs If LESS than I deyhrs. 3 The PRINCIPAL CAUSE OF DEATH end related causes of Importance 68 or____min. were as follows: Apoplexy 9. Industry or business in which work was done, as SILK MILL.

11. Total tima (years) occupation ____ Nama of operation_____ Whet test confirmed diagnosis?_____ Was there an autopsy?____ 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of injury_____ 19-Where did injury occur?____. (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury_____ 24. Was disease or injury in any way related to occupation of deceased?_____ If so, specify

mation CAUSI Geo. H. Shade 19. UNDERTAKER Wayside 20. FILED 10-20 19 37 T. L. Higdon

Place Holy Ghost Cem. Date 10-21

Nancy Clark Wayside

SAW MILL, BANK, etc.____

15. MAIOEN NAME Nancy Hemsly

this occupation (month and

10. Date deceased last worked at

13. NAME Jack Clark

14. BIRTHPLACE (city or town) ___.

(State or country)

16. BIRTHPLACE (city or town)_..

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT (Address)

12. BIRTHPLACE (city or town) ... (State or country)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. NoV2.

spent in this

Shiloh (Wayside)

Wayside

Wayside

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	27/9	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

STATE OF MARYLAN PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. e stated EXACTLY.

properly classifie of certificate. St.: Ward) (If death occurred in a hospital er institution, give its NAME Irstend of street and number.) PERSONAL AND PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED pe may be WIDOWED. ğ OR DIVORCED p (Write the word) no That I astended the deceased from 6 DATE OF BIRTH 0 terms so that I (Day) and that death occured on the data stated above, at 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH * was as follows: pplied mos. 2 3 ds. or min.? 8 OCCUPATION carefully su (a) I rade, profession or X particular kind of work (b) General nature of industry business, or establishment in (Duration) vrs. which employed or (employer) Contributory 9 BIRTHPLACE Secondary EAT (State or country) F DE 0 10 NAME OF (Signed) FATHER 0 7 (Address) .. 00 II BIRTHPLAGE 0) [1] *State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether S Z CAUS (State or Country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER should state ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country) Where was diseere contracted, if not at place of death? TRUE TO THE ent Former or usual residence... (Informant) O E Every CIAMS Staten 20 UNIERTAKE Requesting V. S. No. If more b.anks are needed, address State Registrar, 16 W. Saratoka St., Balto.,

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cooks ployed, as At school, or At home. Care should be taken, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Never return 'Laborer,'" (Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, man, (b) Automobile factory. The For persons who have no occupation Laborer-Coul mine, etc. Wommaterial Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia. Bronchopneumonia ("Pneumonia");

stated unless important. Example: Mcasles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, letanius) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably sucide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condietc. valvular heart disease; The contributory " "Convulsions, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND PHYSI PLACE OF DEATH CERTIFICATE OF DEATH (120) Registration Dist. No. 116 (If death occurred in Ward) a hospital or institution, give its NAME is stend of street and properl of certif PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE MARRIED. manued may b OR DIVORCED (Write the word) pino That I attended the decessed from 6 DATE OF BIRTH terms so that I (Day) and that death occured on the date stated above, at ... IIf LESS than 7 AGE I day hrs. supplied 8 OCCUPATION (a) I rade, profession or C (3) particular kind of work carefully H in plain (b) General nature of industry business, or establishment in (Duration) importa which employed or (employer), Contributory 9 BIRTHPLACE Secondary (State or country) EA 10 NAME OF 140 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Caus, state (1) Means of Injury and (2) whether CAUSE OF FATHER Z (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME Œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death yrs mos ds. (State or country) Where was disease contracted, if not at place of death? ਰ ususl residence..... 40 (Informant) (1) Every stater Filed 10 - 26 If more banks are needed, address State Registrar

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health worked on may form part of the second statement. Mever return 'Laborer,'" "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that faet may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestie service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a en at home, Civil engineer. Stationary fireman, etc. But in many Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed Salesman, not gainfully em-(b) Grocery, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopncumonia ("Pneumonia");

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of letanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from ehildbirth or miscarriage as ean be ascertained as the eause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by State eause for which surgical operation was underapproved American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee Chronic on The nature of the injury, etc. The contributory valeular Nomenclature Always qualify all heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important, See instructions on back of certificate.
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	PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Charles	Registration Dist. No. / 0.2/
ricate.	Village or City Carefully (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of c	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OF 16 Th 193 7. (Month) (Day) (Year)
s on	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
struction	l day_hrs.	and that doath occurred on the date stated above, at 90 m The CAUSE OF DEATH * was as follows:
nt. 566 in	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Proposition
Importa	which employed or (employer) 9 BIRTHPLACE (State or country) Charles Od Md	Contributory Secondary (Duration) yrs. mos. ds.
is very	10 NAME OF FATHER Lan Lausan 11 BIRTHPLACE	(Signed) (Mompson Mo OCH 4 1987 (Address) Doncaslu VId
2014	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Gausing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
0000	13 BIRTHPLACE OF MOTHER (State or country) Chas Cs Ms	ients or Recent Residents) At place of desthyrsmosds, Stateyrsmosds
	110	Where was disease contracted, if not at place of death? Former or usual residence
ומופוופ	(Address) Isonsides md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF STONE MA OTTO 187
0	Filed QCF/6 19237 I Monnford	Thomas Corroll Manfinoy
	If more blanks are needed address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salesman, (b) not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the histerase Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs; men-(Recommendations on statement of cause of death elanus) may be stated under the head of "contributory." Never report mere symptoms or terminal condiinterstitial Committee on Nomenclature of the nephritis, Chronic valvular heart disease; "Senile," etc.), "Dropsy, chopncumonia (secondary), etc. Always qualify all The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) properly class of certificate. a hospital or institu-Kinkinstion, give its NAME Instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. Midous 16 DATE OF DEATH eq OR DIVORCED (Write the word) (Month)-C y I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH tions 4 (Conth) (Day) 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH * was as follows: at a uppii ds. or min.? ter 8 OCCUPATION 99 (a) Trade, profession or **□** (3) particular kind of work pia (b) General nature of industry business, or establishment in (Duration).....vrs.... 5 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) ARGI EA 10 NAME OF FATHER II BIRTHPLACE NTS OF FATHER *State the Discase Causing Death, or In deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. SOZ CAU (State or country) 12 MAIDEN NAME 00 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 state CCUP, ients or Recent Residents) 13 BIRTHPLACE At place of death. In the OF MOTHER (State or country) 00 Where was disease contracted if not at place of dath? more b.anks are needed, address State Registrar, 16 W. Saratora St., Balto., Rydesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (0) fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House en at home, who are engaged in the dutics of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, For many occupations a single word or term on Farm laborer, without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation and children, Loborer-Coal mine, etc. not gainfully em-Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cercbrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia. Bronchopneumonia ("Pneumonia,"

> American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma,, etc., of approved "Tnanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory" carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma, cause for which surgical operation was under-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage by Committee on Nomenclature of the cough; Chronic etc. vaboular The contributory ", "Convulsions, heart disease; Mensles ;

sanswered in detail, it will prevent further correspondence. A | the data is: essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed.

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AD. Every item of infor-UNFADING INK-THIS IS A PERMANENT R

PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. properly classified. IARGIN RESERVED FOR BINDING See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.—WRITE PL. TION

V. S. No. 1

very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Charles	Registration Dist. No. 106
***************************************	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) _mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Morton	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word	
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0-4 71 1077	, 19, to, 19, 19, 19, death is said
6. DATE OF BIRTH (month, day, and year) Oct. 31, 1937 7. AGE Years Months Deys If LESS th	
1 day,	
ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Premature Birth
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Stillborn surthant medial
work was done, as SILK MILL, SAW MILL, BANK, etc.	attendance und midwife
10. Date deceased last worked at 11. Total time (years)	in attendance mallies Clarke
O this occupation (month and spent in this occupation	of forancing ina.
12. BIRTHPLACE (city or town) Fenwick Md.	Olher Coatribatory Causes of Importance:
(State or country)	M. C. Ransonl.
% 13 NAME Reginald Robinson	D. E. Registrar
I	
14. BIRTHPLACE (city or town) Washington D.C. (State or country)	Neme of operation Dete of
	What test confirmed diagnosls? Was there an au'opsy? Was there and au'opsy?
7	23. If death was due to external ceuses (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Indian Head (State or country) Md.	Accident, suicide, or homicide?
- I state of county)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT John (Address) Fennick, md	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Maredonia Date 1/- 1,19	Nature of Injury
19. UNDERTAKER Plumy & Cofter	24. Was disease or injury in eny way releted to occupetion of deceesed?
(Address) Masons Afrings, ma.	If so, specify
20, FILED 1/-1 1987 M. E. Minsone	(Signed) seguit alove: M. D.
D. J. Registra	r. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis Cerebral hemorrhage July 5,1927 3 days ago f in ortane Other contributory causes of importance: Other contributory causes Gallstones May 1.1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	MARTEARD	
County Mr	rles	Registration Dist. No. 105
Village or City 13 sill Length of residence in city or town where dea		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Aux	es a Pro	cto
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Suppose (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine (or) WIFE of Catheri	ne Prictor	22. I HER BBY CERTIFY That I attended deceesed from 19
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
about 70	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer	This man Hay Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.		Oct 47 1937
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	ryantoen.	Other Contributary Causes of Importance: Outhor Contributary Causes of Importance: Outhor Contributary Causes of Importance: In the Contributary Causes of Importance: In the Contributary Causes of Importance: In the Contributary Causes of Importance: Outhor Contributary Causes of Importance: Outhor Contributary Causes of Importance: Outhor Contributary Causes of Importance:
13. NAME Willie T-	roter	ing I thereby : Crobrol thrombours Cives
13. NAME Willie 1- 14. BIRTHPLACE (city or town) (State or country)	nd	Name of operation
15. MAIDEN NAME There	. Swanne	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME PLACE (City or town) (State or country)	na	Accident, suicide, or homicide?
17. INFORMANT V. Vivian (Address) Mute	Sening The	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dupt	Date Oct 6, 19.3	Manner of Injury
19. UNDERTAKER Denty Y (Address)	Ryon 1	24. Wes disease or injury in any way related to occupation of decesed?
20. FILEDOCT 5 , 1937	Projetrar	(Signed) J. O. Monry M. D. (Address) Newl of All Made

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

10857

1. PLACE OF DEATH	
County 6 hosts	Registration Dist. No.
Village or City Maldy	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
/ Le: 0	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JULE 1009	in Cokels
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tangle OR DIVORCED (write the word)	Coupleandly forte
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I ettended deceased from
0.41/221	, 19, to
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If IFSS than	I last sew h alive on, 19; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
l or min.	were as follows
8. Trede, profession, or particular kind of work done, as SPINNER,	sell bom + fairly
SAWYER, BOOKKEEPER, etc	dead an days light
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Turshi 0
10. Date decessed last worked et this occupation (month and spant in this	
year) occupetion	Other Centributery Causes of importance:
12. BIRTHPLACE (city or town)	Other Conditionary Causes of Importance.
(State or country)	
13. NAME And & Dohts 14. BIRTHPLACE (city or town) Duny Land	
4. BIRTHPLACE (city or town) Arrangland	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Name Olyfline 16. BIRTHPLACE (city or town) Very (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Verguela	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LA TUND NEW TO THITS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I mly Date Oct V, 193/	Nature of injury
19. UNDERTAKER HUUTT TRYM	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Wakani.	If so, specify
20 FUED Oct y 103771-10 Min. 1-13	(Signed) Lin July M.D.
Registrar.	(Address) _ Or eller

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		L	J

C. S. No. 1

II	10858
PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Couplon No	St.: Ward) (If death occurred in a hospital or institution, give Its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 BEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 26, 1937 (Month) (Day) (Year)
6 DATE OF BIRTH May & 3, 193 (Conth) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from Q It 2 41237 to C It 2 4, 1937, that I last saw bandalive on Q It 2 4, 1937.
7 AGE If LESS that I dayhr	S. The CAUSE OF DEATH * was as followed
8 OCCUPATION (A) Trade, profession or particular kind of work.	Quemia:
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Charles Os. Had	Contributory Secondary (Dutation) mos. ds.
FATHER There. Larry.	(Signed) Jes, C, Sickwell M. D. (let 2 1/92 \$ 1 (Address) Marky Ond,
OF FATHER (State or country) 12 MAIDEN NAME	*State the Discsse Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER June Mentins 13 BIRTHPLACE OLIVA O. Med	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place
OF MOTHER (State or country)	At place of death
(Informant) Llue, Larry,	Former or usual residence.
(Address) Grayton Ma	Troylor Md. Oct 27, 1937
Filed CC 27 37 Q V Thompson	Jus Bary. Daylor M
If more banks are needed, address State Registr	ar, 16 W. Saratoga St., Balto, Requesting V. Sho. 1.

(Approved by U. S. Cens. and American Public Health Associat. 1.)

laborer, should be used only when needed. As examples : (a) business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING BEATH, state occupation at beginning of illness. If rethed from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return 'Laborer,'" Foreman," 'Manager," 'Dealer,' etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise state, rent of ocwhatever, write None. gaged in domestic service for wages, as Servant Took nature of the business or industry, and therefore an to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Physician, Housemaid, etc. If the occupation has been changed dditional line is provided for the latter statement; it Foreman, For many occupations a single word or term on Compositor, Architect, (6) Automobile factory. The material Salesman. Locomotive engineer, (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," pneumonia. Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory" and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) cough; Chronic etc. affection need not be valvular The contributory heart disease,

American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state D. Every item of inforproperly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE IARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
county Charles	Registration Dist. No. / O
Village or City, neer La Platu	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
1- 0-1-9	
2. FULL NAME PLANCES CECOLIA	Lif U. S. Veteran, specify WAR
(a) Residence: No. // O/Ashalls Corner - Cl (Usual place of abode)	nrd - If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, Thet attended deceased from
(or) WIFE of	19to
6. DATE OF BIRTH (month, day, and year) July 5-1937	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	t 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	no physician - rom (94/13
	In orthation given
SAW MILL, BANK, etc	Broncho-preumonias Suration & three creeker
year) occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Charles Co	Praceded, by a colds.
(State or country) mq	This patient had a cold
13. NAME Chester Small 14. BIRTHPLACE (city or town) Charles Co (State or country)	death:
4. BIRTHPLACE (city or town) (State or country)	Name of operation. Date of
	What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Rosalie Marchall 16. BIRTHPLACE (city or town) Charles Cs (State or country)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Chestra & mall (father) (Address) & a Plater Manyland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Near Marshalls Date Oct 16, 1931	Neture of Injury
19. UNDERTAKER Willie O men acting	24. Was disease or injury In any way related to occupation of deceased? 220
(Address) Marshell Comes & a Plate	If so, specify
20. FILED CLET 15 , 1931 della TP or Registrar.	(Signed) a telen for any and mo.
1/cE+++++++	. (1001000)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE CO	131		
Other contributory causes of importance:	5.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ZI.	1
AR(-
•	
1	
	1
	1

STATE OF MA	THE CENTRE		
1. PLACE OF DEATH		- (8nea)	118
County Marketo	0	Registration Dis	st. No. / <u>Q</u> 2
Village or City	(If death occurred	d in a hospital or institution, give its NAME in	nstead of street and number)
Length of residence in city or town where death occurred	0.1	How long in U.S. if of foreign birth?	
2. FULL NAME ENG) HANK	ince Turner	If U. S. Veteran, specify WAR	
(a) Residence: No. Malealy	e uel st.	Ward.	
(Usua)	place of abode)		ve city or town and State
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE C	OF DEATH
	MARRIED, WIDOWED, RCED (which word)	E OF DEATH	(Day) 193 7
ia. If marriad, widowed, or divorced	22.		That 1 attended deceased from
(or) WIFE of Muran aller	1 June Tex	1 /2 ,1937, to 0	W 11 ,19.3 5
5. DATE OF BIRTH (month, day, and year) There y	- 1858 I last way h	alive on fill by	, 19,3-); death is said
AGE Years Months Days		curred on the date stated ebove, a 2 - 3	z-mt
82 3 4	1 day,hrs. Tha PRINC were as fo	CIPAL CAUSE OF DEATH and related causes (of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	sekeepen	Panud	
work was done, as SILK MILL.			
10. Data deceased last worked at this occupation (month and	otal time (years)		
year)	occupation Other Cont	tributory Couses of Importanca:	
12. BIRTHPLACE (city or town) (Stata or country)	when any	rale monogralia	K
	January 1	acus sener	9
The beach	Makel		Data of
14. BIRTHPLACE (city of town)		perationconfirmed diagnosis?	
15. MAIDEN NAME		was due to external causes (VIOLENCE) fill in	
15. MAIDEN NAME 16. BIRTHPLACE (city or thin)		uicide, or homicide? Dat	
(State or country)	Whare did	injury occur?	
17. INFORMANT MATTING EVA /	Specify wh	(Specify city or to nether injury occurred in INDUSTRY, in HOME	ewn, county and State) E, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2 / Mannar of	injury	
Place Date Date	197 Nature of i	injury	
19. UNDERTAKER A. J. Price	ces Aluna 24. Was dis	ease or injury in any way related to occupation	on ot deceased?
(Aridress)	2 / Acad 11 m anno	ify	
20. FILED () / 3, 19	It so, spec	16/10-0190.00	w M. D

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial, nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year